MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

085018

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 1 week; HOSPITAL OR INSTITUTION OR STREET ADDRESS County Jail

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport; STREET ADDRESS (If rural, give location) North Conocheague St.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Sylvester (Last) Anderson

4. DATE OF DEATH: (Month) Aug. (Day) 17, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 12, 1906

9. AGE last birthday: 43 yrs. If under 1 year: Months 11; Days 5; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Piperitter

10b. KIND OF BUSINESS OR INDUSTRY: Tannery

11. BIRTHPLACE (State or foreign country): Williamsport, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thomas Anderson

14. MOTHER'S MAIDEN NAME: Daisy Virginia Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO. 215-01-9893

17. INFORMANT: Mary Anderson, Williamsport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute and Chronic Alcoholism — Interval Between Onset and Death: Acute 4 days, Chronic 6-7 Mo+

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 322.0 — (c) 77d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1950, to Aug 17, 1950, that I last saw the deceased alive on Aug 16, 1950, and that death occurred at 1:30A D.S.T. m., from the causes and on the date stated above.

SIGNATURE W. J. Layman (Degree or title) M.D. — ADDRESS Hagerstown, Md. — DATE SIGNED Aug 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 20, 1950 — NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery — LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REG. Aug. 19, 1950 — REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR — ADDRESS Edith V. Leaf; Williamsport, Md.

348 20

RECEIVED
AUG 22 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18509

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 24 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dist. of Columbia — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 904 Larch Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carlton	Turner	Barclift, Jr.	Aug.	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Mins.
Male	White	Single	8-16-1944	6 yrs.	0	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
----------		Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carlton T. Barclift, Sr.	Carolyn Sawyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	NONE	C. T. Barclift, Sr. Takoma Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.2 — **Immediate cause** (a) Acidosis — 12 hrs

85 — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Status Epilepticus — 24 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congenital Malformation of eyes. Cerebellar congenital malformation.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/20, 1950, to 8/21, 1950, that I last saw the deceased alive on 8/21, 1950, and that death occurred at 2:50 m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: [illegible] DATE SIGNED: 8/21/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-22-1950	Hollywood Cemetery	Elizabeth City, N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 26, 1950	[signature]	C.M. Suter & Sons, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Hirshman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstpwn
LENGTH OF STAY (in this place): 3 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 203 So. Prospect St

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) WOODS (Last) BAVOR

4. DATE OF DEATH: (Month) Aug (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feby 3 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Buffalo Erie Co N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Woods

14. MOTHER'S MAIDEN NAME: Valina Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Arthur W. Cox
Smithsburg Md R # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gangrene - left low leg.	2 wks
420.0 Antecedent cause(s)	(b) Arteriosclerosis - Generalized	?
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic Heart Disease	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/22/50

19b. MAJOR FINDINGS OF OPERATION: Gangrene - left low leg

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9 1950 to Aug 25 1950, that I last saw the deceased alive on Aug 25 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE: Huey D Hirshman (Degree or title) MD ADDRESS: Hagerstown Md DATE SIGNED: 8/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 8/28/50
NAME OF CEMETERY OR CREMATORY: Rose Hill cemetery
LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Aug 28 1950
REGISTRAR'S SIGNATURE: Chas H Towers

24. FUNERAL DIRECTOR: Andrew K. Coffman Hagerstown Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C8511

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 11 S. Artizan Street

3. NAME OF DECEASED (Type or Print): (First) Rosanna (Middle) Rae (Last) Bowers

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: July 10 1950

9. AGE last birthday: 25 days yrs. If under 1 year: Months, Days 25, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY: Baby

11. BIRTHPLACE (State or foreign country): Washington County Hospital

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Bowers

14. MOTHER'S MAIDEN NAME: Beverly Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Williamsport Md. Mrs. Bruce Cole 11 S Artizan St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

756.2 Immediate cause (a) Congenital Idiopathic Dilatation of the colon (Mega colon Congenitum) — 2-6 Days

157g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/22/50

19b. MAJOR FINDINGS OF OPERATION: Same as above

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10/50, 19..., to 8/5/50, 19..., that I last saw the deceased alive on 8/5/50, 19..., and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. F. Young M. D. Williamsport Md. 8/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 7 1950
NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG.: Aug. 7. 1950
REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: Mrs. Edith V. Leaf Williamsport Md.

2-0-7-10-0-17-1-40-5

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 9, 1950
BUREAU V. S.

Evidence for change of birth date shown on:
HLM No. G 128 SEP 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08512

CERTIFICATE OF DEATH

Reg. Dist. No. 7-306

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown
LENGTH OF STAY (in this place) 16 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cavetown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) H (Last) Brinkley
4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 19th 1867
9. AGE last birthday 83 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Any Kind Work.
10b. KIND OF BUSINESS OR INDUSTRY Any Kind Work
11. BIRTHPLACE (State or foreign country) Mercersburg, Pa
12. CITIZEN OF WHAT COUNTRY? Franklin
13. FATHER'S NAME Jacob Binkley
14. MOTHER'S MAIDEN NAME Kate Crouse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Albert Toms

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) (b) Generalized arteriosclerosis

332X

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Aug, 1950, that I last saw the deceased alive on Aug 29, 1950, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter L. Wolfinger M.D.
ADDRESS E.S.T. 122 So. Broad St, Waynesboro Pa
DATE SIGNED 8-31-50

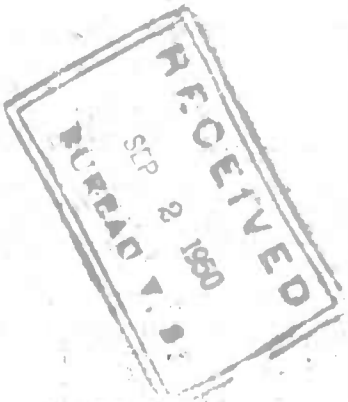
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 2-50
NAME OF CEMETERY OR CREMATORY Mercersburg
LOCATION (City, town, or county) Mercersburg (State) Pa.
DATE REC'D BY LOCAL REG. Aug 31-50
REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR Lee B. Hoover
ADDRESS Smithsburg Md

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08513

Reg. Dist. No. 201

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washingto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland
STREET ADDRESS (If rural, give location) 16 East Salisbury Street

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Grove (Last) Brumbaugh

4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 1 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months 3 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pinesburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Grove

14. MOTHER'S MAIDEN NAME: Sophia Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Norman Grove Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	8/1/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis Chr.	?
422.1 932	(c) Arteriosclerosis generalized	?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

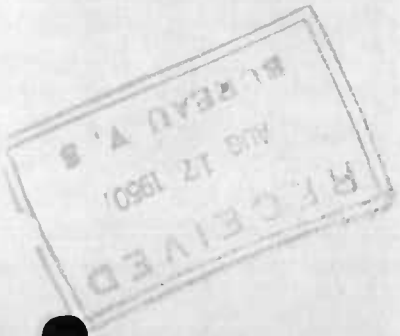
22. I hereby certify that I attended the deceased from 5/12, 1950, to aug 10, 1950, that I last saw the deceased alive on 8/10, 1950, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.L. Porterfield M.D. 136 W Washington St 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 13 1950
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. Aug 13-1950
REGISTRAR'S SIGNATURE C. Lee McElroy

24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.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AUG 12 1950
U. S. BUREAU

Evidence for addition in 18 shown on:

FILM No. G 128 OCT 31 1950

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

18514

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (In this place) 12 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural, give location) Park Circle

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Leo (Last) Bussard

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 2, 1907

9. AGE last birthday: 42-11-28 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Reporter

10b. KIND OF BUSINESS OR INDUSTRY: American News Agency

11. BIRTHPLACE (State or foreign country): Near Sharpsburg, Wash. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Bussard

14. MOTHER'S MAIDEN NAME: Annie L. Mc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-18-8148

17. INFORMANT: Mrs. Martha Bussard-Park Circle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

332.2 **Immediate cause** (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Died during episode of delirium tremens (alcoholism)

(c) No gross findings in autopsy or chemical analysis. (10-31-50 akc)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. Hagerstown Md Aug 29 '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug. 30 50

NAME OF CEMETERY OR CREMATORY: Locust Grove Cemetery

LOCATION (City, town, or county) (State): Rohrersville, Md.

DATE REC'D BY LOCAL REG. Aug. 29 1950

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Wm. F. Bast & Sons-Boonsboro, Md.

ADDRESS

98814

RECEIVED
AUG 31 1990
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08515

Dr Hoacklander

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 50 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 112 East Antietam st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 112 East Antietam St.

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) G (Last) BYER

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1950

5. SEX: Famale

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 8 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel C. Byer

14. MOTHER'S MAIDEN NAME: Martha J. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Charles B. Beckley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
332X 83b
(b) Hypertension, Arteriosclerosis, — Not Known
(c) Arthritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1947, to Aug, 1950; that I last saw the deceased alive on 30 Jul, 1950; and that death occurred at 7:15P m., from the causes and on the date stated above.

SIGNATURE: Chas Heacklander (Degree or title) MD ADDRESS: Hagerstown Md DATE SIGNED: 8/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/4/50
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Aug 4 1950
REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown Md

RECEIVED
AUG 7 1950
BUREAU V. S.

Evidence for addition of 21 shown on:

FILM No. G 128 SEP 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

68516

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore city
STREET ADDRESS (If rural, give location): 2513 Eastern ave

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Connor

4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 17, 1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular disease — 4 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

422.1 186a 902.7

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a) Chronic ulcer of the nose b) Fracture of right hip.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Ritchie State Hospital — (CITY OR TOWN): Cascade — (COUNTY) — (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 21, 1950 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Probably fell from chair in room (9-27-50 akc)

22. I hereby certify that I attended the deceased from Aug 15, 1950, to Aug 28, 1950, that I last saw the deceased alive on Aug 28, 1950, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: Axel A. Paas, M.D. Ritchie State Hosp, Cascade, Md Aug 28, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9-2-1950 — NAME OF CEMETERY OR CREMATORY: Cathedral — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 9-24-50 — REGISTRAR'S SIGNATURE: John P. Cochran — 24. FUNERAL DIRECTOR: M. L. Creager & Son — ADDRESS: Thurmont Md.

Dep Local Registrar 60299

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1960
BUREAU OF L. M.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08517

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 141 West Church St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 141 West Church St.,

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) A. (Last) Corder

4. DATE OF DEATH: (Month) August (Day) 19, (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 1, 1895

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine operator

10b. KIND OF BUSINESS OR INDUSTRY: Shoe factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jackson Corder

14. MOTHER'S MAIDEN NAME: Martha Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214/09/5116

17. INFORMANT: Mrs. William Bentz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

322.0 Immediate cause (a) Acute alcoholic narcosis — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

77c (b)

(c) Spinal fluid alcohol = 0.35

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. alcoholic

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Found dead in bed at home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD.

ADDRESS: 15 N. Potomac Hagerstown Md.

DATE SIGNED: 8/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 23, 1950

NAME OF CEMETERY OR CREMATORY: Brownsville Cemetery

LOCATION (City, town, or county) (State): Brownsville, Maryland

DATE REC'D BY LOCAL REG.: Aug. 22. 1950

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss, Hagerstown, Md.

ADDRESS

49621

RECEIVED
AUG 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08518

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 442 North Mulberry

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 442 North Mulberry

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) Florence (Last) DeHaven

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12-3-1858

9. AGE last birthday: 91 yrs. If under 1 year: Months 11 Days 29 If under 24 hrs.: Hours Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Berkeley Co. W.Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: David Bailey

14. MOTHER'S MAIDEN NAME: Mary Ann Brannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. Georgie Keefauver

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock & Pulmonary Edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture Femur — 3 days

903.0
1860

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home

(CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): July 28-50 P.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell in yard of home

22. I hereby certify that I attended the deceased from 7-30, 1950, to 8-1-, 1950, that I last saw the deceased alive on 7-30, 1950, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. W. Leitch Jr.

ADDRESS: Hagerstown Md

DATE SIGNED: 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8-4-1950

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Aug. 3. 1950

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR / ADDRESS: C. M. Suter & Sons, Hagerstown, Md.

RECEIVED
AUG 7 1950
BUREAU V. S

08519

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Downsville Pike
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Downsville Md. RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Downsville Pike Md.
STREET ADDRESS (If rural, give location) Downsville Md. RFD #1

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Franklin (Last) Deibert
4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 11 1868
9. AGE last birthday 82 yrs. If under 1 year Months 7 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Sold Farm
11. BIRTHPLACE (State or foreign country) Chewsville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Deibert
14. MOTHER'S MAIDEN NAME Elizabeth Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Md. DownsvilleRFD1 Mr. Walter Deibert Downsville Pike

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
725x Immediate cause	(a) Pulmonary Oedema.	36 hours
59b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Destruction (Arthritic) L3 & L4 (Vertebrae	10 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19....., to Aug 15, 1950, that I last saw the deceased alive on Aug 14, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. M. Tennerney MD Williamsport Md. Aug 16 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 17 1950
NAME OF CEMETERY OR CREMATORY Manor Cemetery
LOCATION (City, town, or county) (State) Near Tilghmanton Md.

DATE REC'D BY LOCAL REG. Aug 17-50
REGISTRAR'S SIGNATURE Elsie McElroy
24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 22 1950
BUREAU V. S

68520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 54 West Franklin Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 54 West Franklin Street

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Virginia (Last) Downs

4. DATE OF DEATH: (Month) Aug. (Day) 23 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9-18-1881

9. AGE last birthday: 68 yrs. If under 1 year: Months 11 Days 5 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Warner

14. MOTHER'S MAIDEN NAME: Clerine (Bloom) Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. Clarine Downs Garmong

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X Immediate cause (a) Malnutrition — Interval Between Onset and Death: 3 mo

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of rectum — 2 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10-28-49 19..... to Present 19.50, that I last saw the deceased alive on 8-19-50, 19....., and that death occurred at 10:15A.m., from the causes and on the date stated above.

SIGNATURE: Robert F. Kadle (Degree or title) MD

ADDRESS: 132 W. Washington St. Hagerstown, Md.

DATE SIGNED: 8-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-25-1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Aug 25 1950

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C.M. Suter & Sons

ADDRESS: Hagerstown, Md.

VS-A15

52086

RECEIVED
AUG 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08521

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 10yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Breathedsville; STREET ADDRESS (If rural, give location) No Street Address

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Charles (Last) Eckardt

4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-10-1897

9. AGE last birthday: 53 yrs. If under 1 year: Months 7 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Principal Acct. Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Penal Farm

11. BIRTHPLACE (State or foreign country): Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Eckardt

14. MOTHER'S MAIDEN NAME: Bertha Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W.#1 (If yes, give war or dates of service) Navy

16. SOCIAL SECURITY NO. 212-03-0688

17. INFORMANT AND ADDRESS: Mrs. Elmer C. Eckardt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	6 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	3 yrs +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NM

19a. DATE OF OPERATION NM; 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Aug., 1950, to 24 Aug., 1950, that I last saw the deceased alive on 24 Aug., 1950, and that death occurred at 5 50 P m., from the causes and on the date stated above.

SIGNATURE F F Lusby (Degree or title) ADDRESS DATE SIGNED 25 Aug 50

23. BURIAL, CREMATION REMOVAL (Specify) Removal; DATE THEREOF 8-25-1950; NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery; LOCATION (City, town, or county) (State) Evansville, Ind.

DATE REC'D BY LOCAL REG. Aug. 25, 1950; REGISTRAR'S SIGNATURE Charles H Bowers; 24. FUNERAL DIRECTOR ADDRESS C.M. Suter & Sons, Hagerstown, Md.

266 98

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08522

CERTIFICATE OF DEATH

Reg. Dist. No. B02

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Dargan
STREET ADDRESS (If rural, give location) R.F.D.#1, Harpers Ferry, W.Va.

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) Leo (Last) Eichelberger

4. DATE OF DEATH (Month) August (Day) 9, (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug. 2, 1945

9. AGE last birthday 5 yrs. If under 1 year Months 0 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Dargan, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lester Donald Eichelberger

14. MOTHER'S MAIDEN NAME Arbutus Caroline Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Donald Eichelberger R.F.D.#1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
400X	Immediate cause	(a) Acute Rheumatic fever with decompensation	32 days
58e	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) No hsitory of any antecedent cause.	
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1950, to 8/9, 1950 that I last saw the deceased alive on 8/7/50, 19....., and that death occurred at 12:35 A.m., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED Aug. 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/13/50

NAME OF CEMETERY OR CREMATORY Samples Manor Cemetery

LOCATION (City, town, or county) (State) Samples Manor, Md.

DATE REC'D BY LOCAL REG. Aug. 11, 1950

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Melvin T. Snider, Charlestown West Va. ADDRESS

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08523

Reg. Dist. No. 309

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; MARYLAND; LENGTH OF STAY (in this place) 2 mos. 8 days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1503 Park Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Albert (Last) Engeman

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 1, 1866

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Race Track Man

10b. KIND OF BUSINESS OR INDUSTRY: Accountant

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Albert Engeman

14. MOTHER'S MAIDEN NAME: Eunice Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ritchie State Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis, Left	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Generalized	20 yrs.
260X 61	(c) Diabetes Mellitus	30 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22 1950, to Aug. 30, 1950, that I last saw the deceased alive on Aug. 30, 1950, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William B. Birch M.D. Ritchie State Hosp. Cascade Md. 8-31-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 2 1950

NAME OF CEMETERY OR CREMATORY Dorsey Ridge

LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 8/31/50

REGISTRAR'S SIGNATURE John T. Cockran Dep. Local Registrar

24. FUNERAL DIRECTOR ADDRESS

Weer & Haight Funeral Home Pikesville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08524

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 51 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 1 Brenner Avenue

3. NAME OF DECEASED (Type or Print): (First) Hanson; (Middle) L.; (Last) Fogle

4. DATE OF DEATH: (Month) Aug.; (Day) 2; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 4-22-1881

9. AGE last birthday: 69 yrs. If under 1 year: Months 3; Days 11; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John H. Fogle

14. MOTHER'S MAIDEN NAME: Alice A. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-09-9185

17. INFORMANT AND ADDRESS: Mr. Jonas Blickenstaff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1534 Immediate cause (a) Carcinoma of caecum. — Interval Between Onset and Death: About

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Interval Between Onset and Death: 4 months.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Apr. 20; Jul. 5, 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of caecum,

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 20, 1950, to Aug. 2, 1950, that I last saw the deceased alive on Aug. 2 1950, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. A. Bell M. D. Hagerstown, Md. Aug. 4, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-5-1950

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Aug 5, 1950

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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08525

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 804 Washington Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 804 Washington Ave

3. NAME OF DECEASED (Type or Print): (First) ALBERTA (Middle) IRENE (Last) GABE

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 23 1888

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Roxbury Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles H. Six

14. MOTHER'S MAIDEN NAME: Elizabeth Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): --

16. SOCIAL SECURITY NO.: 214-14-6385

17. INFORMANT AND ADDRESS: Dwight S. Gabe 804 Washington Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Carcinoma Breast — Interval between onset and death: 1 yr mo

170 X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Aug 21, 1950, that I last saw the deceased alive on Aug 21, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: A. W Dietz (Degree or title) — ADDRESS: Hagerstown Md — DATE SIGNED: 8/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/23/50 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Aug. 21, 1950 — REGISTRAR'S SIGNATURE: Ethel H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A-1

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Dr. Hirshman

8526

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 20 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 E.Washington ,St,	STREET ADDRESS (If rural, give location) 119 East Washington, St.

3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) ADELBERT	(Last) GABE	4. DATE OF DEATH	(Month) Aug 17 (Day) 1950 (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar.8/1872	9. AGE last birthday 78 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Hag. Hosiery Co.	11. BIRTHPLACE (State or foreign country) Boonsboro Wash.Co.Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles A. Gabe		14. MOTHER'S MAIDEN NAME Lucinda Danner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) —	16. SOCIAL SECURITY No. 214-09-3661	17. INFORMANT AND ADDRESS Mrs. Margaret Gabe 119 E. Washington St Hagerstown Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181X Immediate cause (a) Carcinoma - Bladder — 2 yrs.

52 b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1948, to Aug 17, 1950, that I last saw the deceased alive on Aug 17, 1950, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip Hirshman	MD	Hagerstown Md	8/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug.20/50	Rose Hill Cemetery	Hagerstown, Md Wash. Co

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 18 1950	Chas H Bowers	Andrew K. Coffman, Hagerstown, Md.	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 21 1950
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08527

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 59 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 410 W. Bethel Street

3. NAME OF DECEASED (Type or Print): (First) NANNIE (Middle) (Last) GOENS.

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 7/4/1883

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private Family

11. BIRTHPLACE (State or foreign country): Charlestown W. Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Payne

14. MOTHER'S MAIDEN NAME: Mary Ellen Guy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 220-16-2883

17. INFORMANT AND ADDRESS: Dr. Walter Goens - 503 E. 10th St. Wilmington, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X — Immediate cause (a) Acute cerebral Hemorrhage

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vascular Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sudden, 19..... to Death, 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Robert Wells, M.D. DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 9-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/3/1950 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county): Hagerstown, (State): Md.

DATE RECD BY LOCAL REG.: Sept. 3, 1950 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: William H. Downey | ADDRESS: 291 Frederick St. Hagerstown Md.

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SEP 5 1950
BUREAU V. S

08528

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

Dr. Wade

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appletown Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appletown Rural
STREET ADDRESS (If rural, give location) Boonsboro Md. R.2.

3. NAME OF DECEASED (Type or Print) (First) Carma (Middle) Wilson (Last) Green

4. DATE OF DEATH (Month) August (Day) 3. (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.

8. DATE OF BIRTH Dec. 27-1877

9. AGE last birthday 72-7-6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Near Boonsboro Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel P. Green

14. MOTHER'S MAIDEN NAME Mary Marker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs. Eva Green Boonsboro Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
331X	Immediate cause	(a) Cerebral Hemorrhage	8½ hours
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	8½ "
		(c) Arterio-sclerosis	8½ "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1950, to Aug 3, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 11.30 P. m., from the causes and on the date stated above.

SIGNATURE J. Hubert Wade (Degree or title) M.D. ADDRESS Boonsboro Md. DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF August 6. 1950

NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. Aug. 6. 1950

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

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AUG 8 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

D8529

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 33 East Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 33 East Avenue

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) May (Last) Gruber

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8-19-1866

9. AGE last birthday: 83 yrs. If under 1 year: Months / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Wright

14. MOTHER'S MAIDEN NAME: Martha Jane Lorentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. Lillian Zeigler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10 days
446X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Senile arteriosclerotic nephrosclerosis	years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized arteriosclerosis	years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1950, to Aug. 18, 1950, that I last saw the deceased alive on Aug. 18, 1950, and that death occurred at 5:20 P.m., from the causes and on the date stated above.

SIGNATURE: K. A. Bell (Degree or title) M.D. ADDRESS: Hagerstown, Maryland DATE SIGNED: August 20, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-21-1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Aug. 21 1950 — REGISTRAR'S SIGNATURE: Grace E. Powers

24. FUNERAL DIRECTOR — ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

52086

VS-A15

RECEIVED
AUG 23 1950
BUREAU V. S

Signed For
Dr. David Brewer
Clear Spring Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08530

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring — LENGTH OF STAY (in this place) 32 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #1	STREET ADDRESS RFD #1 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) Frisby (Last) Guessford			4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 1950		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 31 1873	9. AGE last birthday 76 yrs.	If under 1 year Months 7 Days 14 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor	10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Wilson District Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Martin Guessford			14. MOTHER'S MAIDEN NAME Mary Wiley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS Md. Lloyd Guessford Clearspring RFD 1		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1 Immediate cause (a) Carcinoma of Liver — 8 mos

46 P Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute peritonitis — 2-4 Tus

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 8/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug. 18 1950	NAME OF CEMETERY OR CREMATORY Broadfording Cemetery	LOCATION (City, town, or county) Broadfording Md. (State)
DATE REC'D BY LOCAL REG. 8-17-50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Edith V. Leaf Williamsport Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1950
BUREAU V. S

08531

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro — LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: N. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 608 Potomac Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Abbie Jane Hare
4. DATE OF DEATH (Month) (Day) (Year): August 3, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct. 24 - 1868
9. AGE last birthday: 81-9-9 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Millers Carrol Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Haffacker
14. MOTHER'S MAIDEN NAME: Mary Catherine Landis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT AND ADDRESS: Mrs. Myrtle A. Rang Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis. — 14 hours

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1950, to Aug 3, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: G W Lewan (Degree or title) M.D. — ADDRESS: Boonsboro, Md — DATE SIGNED: 8/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 5. 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery — LOCATION (City, town, or county) (State): Hanover, Penna

DATE REC'D BY LOCAL REG.: Aug. 3. 1950 — REGISTRAR'S SIGNATURE: John H. Bast — 24. FUNERAL DIRECTOR: Wm. F. Bast & Sons — ADDRESS: Boonsboro Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
AUG 8 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08532

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 43 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 904 Salem Avenue	STREET ADDRESS (If rural, give location): 904 Salem Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Erma	May	Hart	August	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	7/28/07	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own home	Pennsylvania	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Holmes Foreman	Bessie Shetron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Raymond Hart----Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
442X **Immediate cause** (a) Hypertensive cardiovascular renal disease	3 yrs.
131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-8-, 1947, to 8-15-, 1950, that I last saw the deceased alive on Aug. 7, 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. A. Bell	M.D.	Hagerstown, Maryland	Aug. 16, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 18, 1950	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 17, 1950	Chas. H. Bowers	Fred W. Kreiss	Hagerstown, Md.

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AUG 21 1950
BUREAU V. S.

Dr. Keadle

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

18533

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pondsville Rural
STREET ADDRESS (If rural, give location) Smithsburg Md. R. 2.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Hartle

4. DATE OF DEATH (Month) August (Day) 21 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June-16-1865

9. AGE last birthday 85-2-5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) near Leitersburg Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Hartle

14. MOTHER'S MAIDEN NAME Ann Trovinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT AND ADDRESS Mrs. Claude L. Cunningham - Fairplay R. 1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Pneumonia due to

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary infarct	1 wk
584X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	indef
126	(c) Choledocholithiasis c̄ hydrops of gall bladder	3 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-4-50

19b. MAJOR FINDINGS OF OPERATION As 1 (C) above Wash Co Hosp Hagerstown

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ ~~Not While~~ At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8-4-, 1950, to 8-21, 1950, that I last saw the deceased alive on 8-21, 1950, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE Robert F. Keadle (Degree or title) MD ADDRESS ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND DATE SIGNED 8-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 23. 1950

NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery

LOCATION (City, town, or county) (State) Smithsburg Wash. Co. Md

DATE REC'D BY LOCAL REG. Aug. 21. 1950

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Wm. F. Bart & Sons ADDRESS Boonsboro Md

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AUG 23 1950
BUREAU V. S

Dr. Hoachlander
15 W. Wash. St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08534

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2003 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 2003 Virginia Ave.

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) A. (Last) Hoffman

4. DATE OF DEATH (Month) August (Day) 19 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 24. 1867

9. AGE last birthday 83-2-95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Beaver Creek Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Ridenour

14. MOTHER'S MAIDEN NAME Jane Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none.

17. INFORMANT AND ADDRESS Mrs. Grover Crilley 2003 Virginia Ave. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 17 wks

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, hypertension

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Aug, 1950, to 19 Aug, 1950, that I last saw the deceased alive on 19 Aug, 1950, and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE Eldon L. Hoachlander (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 8/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF Aug. 22. 1950 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown Wash. Co. Md. (State)

DATE REC'D BY LOCAL REG. Aug. 21. 1950 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08535

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Williamsport MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport MD
LENGTH OF STAY (in this place) 52 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tammany Heights

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) Tammany Heights

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Nelvin (Last) Hoover

4. DATE OF DEATH (Month) Aug. (Day) 3 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 21 1898

9. AGE last birthday 52 yrs. If under 1 year Months 1 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman

10b. KIND OF BUSINESS OR INDUSTRY Byrons Tannery

11. BIRTHPLACE (State or foreign country) Williamsport Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Hoover

14. MOTHER'S MAIDEN NAME Myrtle Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY No. 215-01-9956

17. INFORMANT AND ADDRESS Mrs. Marguerite Hoover Williamsport Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b)

(c) Hypertensive Cardiovascular Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/46, 19....., to 8/3/50, 19....., that I last saw the deceased alive on 8/3/50 19....., and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Youngs D ADDRESS Hagerstown, DATE SIGNED Md 8/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 7 1950

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. 8/6/50

REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR Albert L. Leaf; ADDRESS Williamsport, Md,

15620

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AUG 9 1950
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Porterfield

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 7 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1011 Oak Hill Ave

3. NAME OF DECEASED (Type or Print): (First) SARA (Middle) WHITMORE (Last) HORNBAKER

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 18 1884

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pa Greencastle Franklin Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob E. Whitmore

14. MOTHER'S MAIDEN NAME: Harriett Kreps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George H. Hornbaker

18. MEDICAL CERTIFICATION — Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 8/13/50

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis generalized — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13, 1950, to 8/13, 1950, that I last saw the deceased alive on 8/13, 1950, and that death occurred at 9:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. L. Porterfield M.D. — 136 W. Washington St — 8/14/50

23. BURIAL, CREMATION OR REMOVAL (Specify): Cremation — DATE THEREOF: 8/16/50 — NAME OF CEMETERY OR CREMATORY: Greenmount Crematorium — LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG.: Aug 15 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md

VS. A15

RECEIVED
AUG 17 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08537

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural, give location) 37 Chestnut Street

3. NAME OF DECEASED (Type or Print): (First) Hubert (Middle) Earl (Last) Houpt

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 7-1902

9. AGE last birthday: 47-11-15 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Pangborn Corporation

11. BIRTHPLACE (State or foreign country): Boonsboro Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence Houpt

14. MOTHER'S MAIDEN NAME: Pearl Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 214-09-6135

17. INFORMANT AND ADDRESS: Mrs. Ruth K. Houpt. 37 Chestnut St. Funkstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	aug 21-50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	mos 1946
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to Aug. 22, 1950, that I last saw the deceased alive on Aug 22, 1950, and that death occurred at 8:25 A.m., from the causes and on the date stated above.

SIGNATURE: Sidney Nonenstein (Degree or title) M.D. ADDRESS: Funkstown Md. DATE SIGNED: 8/22/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug. 24, 1950 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md.

DATE REC'D BY LOCAL REG.: Aug. 23/1950 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Bart & Son Boonsboro Md.

35699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
AUG 25 1950
BUREAU V. S.

08538

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH · COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 2 yrs 7 mo 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5 East Mulberry St. ✓

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Hutcheson
4. DATE OF DEATH (Month) Aug. (Day) 24 (Year) 1950

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct. 3, 1856
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Hutcheson
14. MOTHER'S MAIDEN NAME Ester Cubard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease ~2.5 yrs.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c) Arteriosclerosis, General

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia ~6 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Aug 24, 1950, that I last saw the deceased alive on Aug 24, 1950, and that death occurred at 11 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Axel A. Pags, M.D. ADDRESS Ritchie State Hosp. Cascade Md DATE SIGNED Aug. 24, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/26/50
NAME OF CEMETERY OR CREMATORY Baltimore
LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. August 26th 1950
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR [illegible] 1217 St Paul St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08539

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock | LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blue Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
STREET ADDRESS (If rural, give location) Route #1, Hancock

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Potts	Jerome	August 2 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	White	Widowed	8-22-65	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Pennsylvania	U. S. A.

13. FATHER'S NAME: Aaron Potts

14. MOTHER'S MAIDEN NAME: Sally Clingerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Fay Ayers - granddaughter

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Cerebral hemorrhage	
Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 2nd attack	
	(c) Rt side paralysis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 19, 1950, to Aug 2, 1950, that I last saw the deceased alive on Aug 2, 1950, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Shopper MD — ADDRESS Hancock — DATE SIGNED Aug 3, 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-6-50	Fairview Christian Cem.	Bedford Co.,	Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/5/50	J. A. Stelle	Charles R. Bast	Hancock, Md.

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08541

Reg. Dist. No. 307

1. PLACE OF DEATH
COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall - Rural
LENGTH OF STAY (in this place) 4 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Route 2.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall - Rural.
STREET ADDRESS (If rural, give location) Boonsboro Md. R.2.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Albertus (Last) Jones.

4. DATE OF DEATH: (Month) August - (Day) 23, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 26-1865

9. AGE last birthday: 84-9-27 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer & fruit grower.

10b. KIND OF BUSINESS OR INDUSTRY: Fruit Farm

11. BIRTHPLACE (State or foreign country): near Boonsboro Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Jones.

14. MOTHER'S MAIDEN NAME: Mary Kaufman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Luther M. Jones Boonsboro Md. R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X — Immediate cause (a) Cerebral Hemorrhage — 8 days

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - Sclerosis — " "

(c) Arterial Sclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unable to told — " "

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 15, 1950, to August 23, 1950, that I last saw the deceased alive on August 22, 1950, and that death occurred at 9.15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert Wade M.D. — ADDRESS Boonsboro. — DATE SIGNED Aug 24 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 27. 1950 — NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery — LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. Aug 26-1950 — REGISTRAR'S SIGNATURE Mrs Katherine Daguhart — 24. FUNERAL DIRECTOR ADDRESS Wm J. Bast & Son Boonsboro Md.

OOOVN

Orthards M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08541

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 56 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 126 East Franklin Street

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Mary (Last) Keller

4. DATE OF DEATH: (Month) Aug. (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 6-30-1891

9. AGE last birthday: 59 yrs. If under 1 year: Months 1 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Bakery Shop

11. BIRTHPLACE (State or foreign country): Middletown, Fred. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Keller

14. MOTHER'S MAIDEN NAME: Sarah E. Cookerly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 214-09-6236

17. INFORMANT AND ADDRESS: Frank Keller, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of breast	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastasis to liver	8 mos
	(c) ascites Vascular hypertension	4 mos 9 yrs

170X
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 1947

19b. MAJOR FINDINGS OF OPERATION: Mastectomy - Carcinoma breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1942 to Aug. 7, 1950 that I last saw the deceased alive on Aug. 6, 1950, and that death occurred at 11:50 P EDT m., from the causes and on the date stated above.

SIGNATURE: J. Robert Mills, M.D. (Degree or title)

ADDRESS 115 N. Potomac Hagerstown, Md.

DATE SIGNED Aug. 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8-10-1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. Aug. 9 1950

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR AND ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

2666

RECEIVED
AUG 11 1980
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08542

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4933 St. Elmo Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rose	E	King	Aug.	23	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	March 31, 1879	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk.		Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Alexander	Lena Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unk.	unk.	Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 X Immediate cause (a) Carcinoma of Sigmoid Colon — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
462 (b) & Generalized Metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2/14/49	Carcinoma of Colon infiltrating surrounding tissue	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 26, 1950, to Aug. 23, 1950, that I last saw the deceased alive on Aug 23, 1950, and that death occurred at 6 40 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Daniel Lai M.D. Ritchie Hospital, Cascade, Md. 8/23/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8-26-50	Forest Dale Cemetery	Montgomery Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/23/50	John A. Cochran, Deputy Registrar	[illegible] Funeral Home	Bethesda Md.

RECEIVED
AUG 28 1930
BUREAU V. S.

108

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18543

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural, Big Pool
LENGTH OF STAY (in this place) 2yrs.9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural, Big Pool
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Clifford (Last) Koontz

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8-9-1878

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver

10b. KIND OF BUSINESS OR INDUSTRY: coal & cement

11. BIRTHPLACE (State or foreign country): Fiddlersburg, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ruben Koontz

14. MOTHER'S MAIDEN NAME: Alice Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs. Violet McAllister, Big Pool, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal broncho-pneumona	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	unknown
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral hemorrhage with hemiplegia — 3 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1948 to August 23 1950 that I last saw the deceased alive on Aug 22, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE: Charles Robert Coker (Degree or title): M D ADDRESS: Clear Spring, Maryland DATE SIGNED: 8-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 8-25-50 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Aug. 24, 1950 | REGISTRAR'S SIGNATURE: J. W. Murray

24. FUNERAL DIRECTOR ADDRESS: Scott F. Minnich & Son, Hagerstown

420 U 9

RECEIVED
SEP 6 1950
BUREAU T. S

Evidence for addition as shown in #18

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

08544

FILM No. G 127 AUG 23 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 N. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring, Maryland
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Theadore (Last) Kreigh
4. DATE OF DEATH (Month) Aug. (Day) 3, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 1897
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet maker
10b. KIND OF BUSINESS OR INDUSTRY Pipe organ Fact.
11. BIRTHPLACE (State or foreign country) Maryland (Clear Spring)
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Peter H. Kreigh
14. MOTHER'S MAIDEN NAME Ella Spickler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-16-0836
17. INFORMANT David L. Kreigh Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

322.2 Immediate cause (a) Acute congestive myocardial failure; ~~undetermined until report~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) arterio-sclerotic myocardial heart disease, ~~of chemical analysis of spinal~~

(c) Alcoholism (Spinal fluid alcohol 0.10%) ~~fluid & blood is received.~~

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mells, MD, (Degree or title) DEPUTY MEDICAL EXAM. WA[illegible] ADDRESS Hagerstown Md. DATE SIGNED 8.4.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 5, 1950
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Route 40 E. Clear Spg. Md

DATE REC'D BY LOCAL REG. Aug. 4, 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Adrian H. Rowland-Clear Spring, Md. ADDRESS

366 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
AUG 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Lloyd Hoffman

CERTIFICATE OF DEATH

08545

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R #6
LENGTH OF STAY (in this place): 30 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paramount

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 6
STREET ADDRESS (If rural, give location): Paramount

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) STOVER (Last) KREPS

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Oct 17 1856

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer

11. BIRTHPLACE (State or foreign country): Pa Waynesboro Franklin Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Kreps

14. MOTHER'S MAIDEN NAME: Susan Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Mary M. Kreps Hagerstown Md R # 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

332X
83b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1950, to Aug. 14, 1950, that I last saw the deceased alive on Aug. 14, 1950, and that death occurred at 6 P.m., from the causes and on the date stated above.

SIGNATURE: Clyd A. Hoffman (Degree or title) ADDRESS: 214 N. Potomac St. Hagerstown, Md DATE SIGNED: Aug. 15. 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8/17/50 | NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery | LOCATION (City, town, or county) Pa (State): Waynesboro Franklin Co

DATE REC'D BY LOCAL REG.: Aug. 16. 1950 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 18 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

S 018546

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairchild Aircraft Plt.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
STREET ADDRESS (If rural, give location) 414 Alameda Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	H.	LeBoeuf	Aug	31	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3-2-1900	50 yrs.	5	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Liaison Representative	Fairchild A.Cft.	Muskegon, Michigan	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not Known	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
W.W.#I	Navy	340-07-8266	H. H. Leach, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio sclerotic myocardial heart disease	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
93[illegible]	(c) Acute coronary occlusion	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wells M.D.	Deputy, Med Exam. Washington Co. Md.	Hagerstown, Md.	Aug 31 '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-31-1950	Calvary Cemetery	Dayton, Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 31, 1950	Chas. H. Bowers	C.M. Suter & Sons	Hagerstown, Md.

496 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 8 1950
BUREAU V. S

Evidence for addition in 21 shown on:

FILM No. G 128 SEP 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place): 2 yrs. 3 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Hospital	STREET ADDRESS (If rural, give location): 140 Willard St.

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) —	(Last) Lang	4. DATE OF DEATH	(Month) Aug. (Day) 31 (Year) 1950
5. SEX: F	6. COLOR OR RACE: W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow	8. DATE OF BIRTH: unknown 1866	9. AGE last birthday: 84 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.	10b. KIND OF BUSINESS OR INDUSTRY: unk.	11. BIRTHPLACE (State or foreign country): Austria	12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME: unknown	14. MOTHER'S MAIDEN NAME: unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk.	16. SOCIAL SECURITY No.: unk.	17. INFORMANT AND ADDRESS: Hospital Record			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Heart Disease	?
	(c) Generalized arterio-sclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture of neck of right femur	?

420.0
93d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) about Dec. 1940 m. (9-27-50 akc)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1948, to Aug. 31, 1950, that I last saw the deceased alive on Aug 31, 1950, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lai	M.D.	Ritchie Hospital, Cascade, Md.	8/31/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-4-50	Parkwood	Baltimore City Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/31/50	John R Cashman Dep. Lam Registrar	James L. McCully	Baltimore Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
SEP 2 1960
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08548

Reg. Dist. No. 3 & 3

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clearspring
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Hagerstown Md #2

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) Clayton (Last) Leiter

4. DATE OF DEATH (Month) Aug. (Day) 22 (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH March 25 1868
9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Leitersburg
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Lewis B. Leiter
14. MOTHER'S MAIDEN NAME Sarah E. Mentzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Fred Wagner, Waynesboro #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 3 Mo.

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile arteriosclerotic heart & kidney disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Aug 22, 1950, that I last saw the deceased alive on Aug 18, 1950, and that death occurred at 7:40 A m., from the causes and on the date stated above.

SIGNATURE David R. Hess (Degree or title) M.D. ADDRESS Shady Grove, Pa. DATE SIGNED Aug 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/25/50
NAME OF CEMETERY OR CREMATORY Green Hill
LOCATION (City, town, or county) Waynesboro (State) Pa

DATE REC'D BY LOCAL REG. 8-Nov-50
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Walter J. Grove, ADDRESS Waynesboro Pa.

Kenft.

30896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

8549

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington CO. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: W.Va — COUNTY: Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sleepy Creek
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Filmore (Last) Litten

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	White	Married	4/17/1896	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Repairman	Rail Road	W.Va.	

13. FATHER'S NAME: George W. Litten

14. MOTHER'S MAIDEN NAME: Sarah Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-05-5624

17. INFORMANT: Mrs. R.F. Litten

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Fractured Skull (closed) 812.5	30 min ?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Fractured mandible (cl. closed) 1700	
(c)	Fractured cervical vertebra (palpable)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Spinal Fluid alcohol =

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: U.S. #40 — (CITY OR TOWN): Indian Springs — (COUNTY): Wash. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 8 21 '50 10:15 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Pedestrian on side of Road Hit by Truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

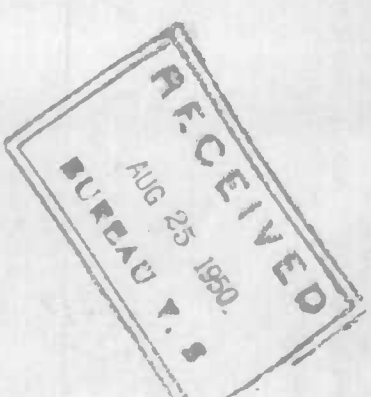
SIGNATURE (Degree or title): L. Robert Mello M.D., DEPUTY MEDICAL WASH. CO., MD. — ADDRESS: Hagerstown, Md. — DATE SIGNED: Aug. 22 '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 25, 1950	Bethel	Sleepy Creek, W.Va.

DATE REC'D BY LOCAL REG.: Aug. 23 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Howard K. Brown — ADDRESS:

26647


RECEIVED
AUG 25 1950
BUREAU P. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8550

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 48 East Avenue

3. NAME OF DECEASED (Type or Print) (First) C. (Middle) Max (Last) Malott

4. DATE OF DEATH (Month) Aug. (Day) 4 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5-2-1885

9. AGE last birthday 65 yrs. If under 1 year Months 3 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard

10b. KIND OF BUSINESS OR INDUSTRY Fairchild air craft, Inc.

11. BIRTHPLACE (State or foreign country) Williamsport, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John S. Malott

14. MOTHER'S MAIDEN NAME Lydia Rend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-12-1897

17. INFORMANT AND ADDRESS Mrs. C. Max Malott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Arterio- sclerotic coronary heart disease — Interval between onset and death: 12 yrs.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute coronary occlusion — 15m.

(c) Acute Ventricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1939, 19....., to 8-3-50, 19....., that I last saw the deceased alive on 8-3-50, 19....., and that death occurred at 1:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Robert Wells, M.D. ADDRESS Hagerstown, Md. DATE SIGNED 8.4.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8-7-1950

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Aug. 7. 1950

REGISTRAR'S SIGNATURE Elsie H. Bowers

24. FUNERAL DIRECTOR AND ADDRESS C.M. Suter & Sons, Hagerstown, Md.

61464

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Hess 08551

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 6
MARYLAND
LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Marsh pike

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Wsshington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 6
STREET ADDRESS (If rural, give location): Marsh Pike

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WILLIAM (Last) MARTIN

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jany 3 1896

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Active Farm owner

11. BIRTHPLACE (State or foreign country): Maugansville Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Martin

14. MOTHER'S MAIDEN NAME: Sally McNamee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Lulu H. Martin Hagerstown Md. R #6

18. MEDICAL CERTIFICATE OF DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
940a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1950, to Aug 10, 1950, that I last saw the deceased alive on Aug 10, 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): David R. Hess M.D. ADDRESS: Shady Grove, Pa. DATE SIGNED: 8/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8/12/50 | NAME OF CEMETERY OR CREMATORY: Cedar Grove Cemetery near Greencastle Pa | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Aug. 10 1950 | REGISTRAR'S SIGNATURE: Chas H. Bowers | 24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md.

6000

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Keadle

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 5 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 1113 Virginia Ave

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) RUSSELL (Last) MILLER Sr

4. DATE OF DEATH: (Month) (Day) (Year) Aug 2 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write): Married

8. DATE OF BIRTH: June 7 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer-Retired

10b. KIND OF BUSINESS OR INDUSTRY: N&W R.R.

11. BIRTHPLACE (State or foreign country): Cedarville Paige Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wasley Miller

14. MOTHER'S MAIDEN NAME: Isabelle Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. 719-05-5355

17. INFORMANT AND ADDRESS: Mrs. Charles Purdham 1113 Virginia Ave Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	1 w/c
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (420.0 93d)	(b) Arteriosclerotic heart disease	indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-31, 1950, to 8-1, 1950, that I last saw the deceased alive on 8-1, 1950, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Keadle MD

ADDRESS ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND

DATE SIGNED 8-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/5/50

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Aug. 4 1950

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

32247

VS. A1

RECEIVED
AUG 7 1950
BUREAU V. S

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C8553

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 Elizabeth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 37 Elizabeth Street

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) May (Last) Minnich
4. DATE OF DEATH (Month) August (Day) 28, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 20, 1865
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Daniel W. Baker
14. MOTHER'S MAIDEN NAME Susan Weyant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Charlotte M. Painter-Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Pneumonia	1 wk
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis, arteriosclerotic	indef
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-5-50, 19....., to Present, 19....., that I last saw the deceased alive on 8-27, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE Robert F. Headle (Degree or title) ADDRESS 132 W. Washington St., Hagerstown, Md. DATE SIGNED 8-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 31, 1950
NAME OF CEMETERY OR CREMATORY Long Meadow Cemetery
LOCATION (City, town, or county) (State) Paramount, Maryland

DATE REC'D BY LOCAL REG. Aug. 29, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

RECEIVED
AUG 31 1990

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

18554

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) 131 Lakin Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Doyle	Thomas	Moore	Aug.	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Married	Feb 24 1879	71 yrs.		5	16	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner Operator + clerk	Pool Room	Boonsboro, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Moore	Elizabeth Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Hattie Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
976x Immediate cause	(a) Gunshot wound into skull (suicide)	
164c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	— — —	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Boonsboro	Wash.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
8	3	50	about 11:40 a.m.			Shot self with .25 caliber automatic

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO., MD.	115 N. Potomac Hagerstown, Md.	8/5/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 7, 1950	Boonsboro Cemetery	Boonsboro Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 5. 1950	Chas. H. Bowers	W. F. Bast & Sons	Boonsboro Md.

15690

RECEIVED
AUG 8 1950
BUREAU T. S

Dr. Wade

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

08555

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Paul Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) St. Paul St.

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) Luther (Last) Morgan

4. DATE OF DEATH (Month) August (Day) 7 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 26 1874

9. AGE last birthday 76-1-11 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Paper Hanger

10b. KIND OF BUSINESS OR INDUSTRY Self employed

11. BIRTHPLACE (State or foreign country) Near Boonsboro Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Morgan

14. MOTHER'S MAIDEN NAME Nettie Toms.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Pearl Morgan Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) Chronic Myocarditis	1 yr. 5 mo. 6 day
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	" " "
	(c) Generalized Edema	" " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nervousness " " "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1949, to August 7, 1950, that I last saw the deceased alive on August 3, 1950, and that death occurred at 7.00 a.m., from the causes and on the date stated above.

SIGNATURE J. Hubert Wade. (Degree or title) M. D. ADDRESS Boonsboro. Md. DATE SIGNED 8/8/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF Aug. 9, 1950 NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REG. Aug. 9, 1950 REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md.

340 V 9

RECEIVED
AUG 14 1950
BUREAU V. S

08556

DR. WELLS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN; LENGTH OF STAY (In this place): 9 HRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN R. # 3; STREET ADDRESS (If rural, give location): SHARPSBURG PIKE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DANIEL	HOWARD	MOWEN	AUGUST	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	APRIL 13 1898	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	LABORER	WILSONS, WASH. CO. MD.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL MOWEN	MAHALA SHIVERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO NO	NONE	SAMUEL A. MOWEN HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
9161 Immediate cause	(a) 2nd x 3rd degree burns to body and extremities	30 hrs
181 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	- -	Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Farm		Wash.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☑	Not while at work ☐	HOW DID INJURY OCCUR?
Aug.	15	1950	m.			Spraying weeds with Plant Hygiene

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO. MD.	115 N. Potomac Hagerstown, Md.	8/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	8/18/50	BROADFORDING CEMETERY	BROADFORDING	WASH. CO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 18. 1950	Chas. H. Bowers	ANDREW K. COFFMAN	Hagerstown Wash. co. Md.

866 VV

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

F8557

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. Co. Hagerstown MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital Hagt. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mercersburg Pa RD 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JACOB (Middle) WELTY (Last) MYERS

4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH 11/9/1870
9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Franklin Co. Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Myers
14. MOTHER'S MAIDEN NAME Catherine Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Howard D Myers, Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	5 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

332 X
83b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1950, to Aug. 30, 1950, that I last saw the deceased alive on Aug. 30, 1950, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lloyd A. Hoffman 214 N. Potomac St. Hagerstown, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 2 1950
NAME OF CEMETERY OR CREMATORY Spring Grove
LOCATION (City, town, or county) Near Lemaster (State) Pa.

DATE REC'D BY LOCAL REG. Aug. 30, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR D. J. Leininger & Son ADDRESS Mercersburg Pa.

000UU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1990
PUEBLO, C.O.

P8558

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
LENGTH OF STAY (In this place): 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Guilford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Dargon
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Franklin	Myers	Aug.	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Dec. 17, 1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman	Lime Plant	Dargon	U.S.

13. FATHER'S NAME: Alfred Myers

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	232-01-0044	Mr. Theddore M. Myers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Hypertensive Cardio-Renal Disease	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

442x
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June 14, 1950, to Aug 4, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 9:05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G W Allan	M.D.	Boonsboro	8/7/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 6, 1950	Samples-Manor	Dargon-Wash.-Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 5. 1950	John H. Baat	R. I. Earnshaw--Keedysville, Md	

VS. A15

31623

RECEIVED
AUG 8 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P8559 Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Elizabeth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 10 Elizabeth Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Thomas	Ogden	Aug.	31	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	5-9-1881	69 yrs.	3	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pull Over	Hag. Shoe Mfg.	Middletown, Virginia	U.S.A.

13. FATHER'S NAME: Thomas Ogden

14. MOTHER'S MAIDEN NAME: Mary Hensel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	214-09-4976	Mrs. John T. Ogden, Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive cardiovascular-renal disease	18 months
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 12, 1949, to Aug. 31, 1950, that I last saw the deceased alive on Aug. 31, 1950, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE R. A. Bell (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED Sept. 1, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-2-1950	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Sept. 2, 1950	Chas. H. Bowers	C.M. Suter & Sons, Hagerstown, Md.

49621

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08560

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 38
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Northern Avenue

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) (Last) Ova

4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months 8 Days ? If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer, Owner

10b. KIND OF BUSINESS OR INDUSTRY: Truck Farm

11. BIRTHPLACE (State or foreign country): Matesa, Hungary

12. CITIZEN OF WHAT COUNTRY? Naturalized Am.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 216-14-6568

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture (open) 7th cervical vertebra (Auto Injury) — 38 d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hemiplegia rt ; paresis left
(c) Hypostatic pneumonia

988.0
168

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): July 14 1950 11:20 A.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot by state police while he resisted arrest.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 8/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: aug. 23 1950
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Wash. Md.

DATE REC'D BY LOCAL REG. Aug. 22, 1950
REGISTRAR'S SIGNATURE: Robert Bowers
24. FUNERAL DIRECTOR: C. M. Suter and Sons ADDRESS Hagerstown, Md.

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AUG 24 1950
BUREAU V. S.

08561

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cascade
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural, give location) Wilkens Ave Ext.

3. NAME OF DECEASED (Type or Print) (First) Victorine (Middle) (Last) Penn

4. DATE OF DEATH (Month) August (Day) 26 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 16, 1878
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis F. Guienot
14. MOTHER'S MAIDEN NAME Marie A. Busch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Record - Ritchie Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple Myeloma	5 mos.
203X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
55e	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1950, to Aug. 26 1950, that I last saw the deceased alive on Aug. 26, 1950 and that death occurred at 9 45 P m., from the causes and on the date stated above.

SIGNATURE William B. Birch (Degree or title) M.D. ADDRESS Ritchie State Hosp. - Cascade Md. DATE SIGNED Aug. 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 29/1950
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 8/28/50
REGISTRAR'S SIGNATURE [signature] Dry
24. FUNERAL DIRECTOR Harry N. Armacost ADDRESS 4204 Ridgewood Ave

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Shealy

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08562

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Rural
STREET ADDRESS (If rural, give location) Sharpsburg R. 1.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Cornelious (Last) Poffenberger

4. DATE OF DEATH (Month) August (Day) 17. (Year) 1950

5. SEX Male

6. COLOR OR RACE White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sept. 24-1874

9. AGE last birthday 75-10-23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Sharpsburg Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Otho J. Poffenberger

14. MOTHER'S MAIDEN NAME Elizabeth Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT AND ADDRESS Mrs. Hubert P. Stine Sharpsburg Md. R. 1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	15 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio-vascular disease with hypertension	5 Yrs.
	(c)	

420.1

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of the prostate — 2 Yrs.

19a. DATE OF OPERATION Aug. 11, 1950

19b. MAJOR FINDINGS OF OPERATION Hypertrophy of prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to 8/17, 1950, that I last saw the deceased alive on 8/16/50, 19....., and that death occurred at 10:30 A. m., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 8/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial.

DATE THEREOF Aug. 20, 1950

NAME OF CEMETERY OR CREMATORY Mt. View Cemetery

LOCATION (City, town, or county) (State) Sharpsburg Wash. Co. Md.

DATE REC'D BY LOCAL REG. Aug. 19. 1950

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md

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AUG 22 1950
BUREAU V. S

107

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

D8563

Reg. Dist. No. 303

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15-1

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring Rural 2 yrs
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Res. Hanging Rock Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Clear Spring, COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural.
STREET ADDRESS (If rural, give location) Hanging Rock Road.

3. NAME OF DECEASED (Type or Print): (First) Joan (Middle) Darlene (Last) Poole

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov 16 1946

9. AGE last birthday: 4 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Wash Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer Polat Poole

14. MOTHER'S MAIDEN NAME: Julia M. Clopper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: John R. Poole - Clear Spring Md. Rd. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

253X Immediate cause (a) Myxedema — Interval Between Onset and Death: 8 mo.

Antecedent cause(s)

63c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1950, to Aug 15, 1950, that I last saw the deceased alive on Aug 15, 1950, and that death occurred at 7.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David P. Brewer M.D Clear Spring Md. 8/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug 18-50 | NAME OF CEMETERY OR CREMATORY: Blairs alley Cem | LOCATION (City, town, or county) (State): near Clear Spring Md.

DATE REC'D BY LOCAL REG.: Aug 16-1950 | REGISTRAR'S SIGNATURE: Joseph W. Murray

24. FUNERAL DIRECTOR: Thomas L Rowland | ADDRESS:

RECEIVED
SEP 8 1950
BUREAU

Evidence for addition as shown in #18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 127 AUG 23 1950

C8564

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 2 mo 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds
STREET ADDRESS (If rural, give location) Thomsons Corner

3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) (Last) Powell
4. DATE OF DEATH (Month) Aug. (Day) 3 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH March 17, 1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Johnstown, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Adam
14. MOTHER'S MAIDEN NAME Schmiermund

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
490 X Immediate cause	(a) Lobar pneumonia	7 days
108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) II Arteriosclerotic cardiovasc. disease	~4 mo.
(8/22/50 95)	(c) II Thrombosis of right middle cerebral artery	~5.5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a) Arteriosclerosis, general; b) Obesity, constitutional c) Fracture of left femur (unvented).

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9, 1950, to 8/3, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas. (Degree or title) M.D. ADDRESS Ritchie State Hosp., Cascade, Md. DATE SIGNED Aug 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/7/50
NAME OF CEMETERY OR CREMATORY Grand View Cemetery
LOCATION (City, town, or county) Johnstown (State) Pa.

DATE REC'D BY LOCAL REG. Aug 11-50
REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR E. C. Gaithersburg, Gaithersburg ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3010

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cavetown
LENGTH OF STAY (In this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cavetown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (First) Harold (Middle) Bateman (Last) Richardson
4. DATE OF DEATH (Month) Aug (Day) 2 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH June 21, 1874
9. AGE last birthday 76 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxidermist
10b. KIND OF BUSINESS OR INDUSTRY Taxidermist
11. BIRTHPLACE (State or foreign country) Winchester Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Josiah Richardson
14. MOTHER'S MAIDEN NAME Annie Bateman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. - - ---
17. INFORMANT Dorthy Bayen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bullet into skull (sucide)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 22 cal. rifle	
	(c) malignancy of bladder	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1950
19b. MAJOR FINDINGS OF OPERATION Malignancy of bladder
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Smithsburg (CITY OR TOWN) Washington (COUNTY) Md. (STATE)
TIME OF INJURY (Month) 8 (Day) 2 (Year) 50 (Hour) 10:40 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self through head with 22 cal. rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE L. Robert Wells, M.D.
(Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS Hagerstown Md.
DATE SIGNED 8-3-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 5, 1950
NAME OF CEMETERY OR CREMATORY Cavetown
LOCATION (City, town, or county) Cavetown (State) Md.

DATE REC'D BY LOCAL REG. Aug 7-50
REGISTRAR'S SIGNATURE Geo. W. Ferguson
24. FUNERAL DIRECTOR George B. Hoover
ADDRESS Smithsburg Md

V7285

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 7 1950
BUREAU V. S

Dr. Hirshman

08566

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 36 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 19 West Baltimore, St.	STREET ADDRESS (If rural, give location): 19 West Baltimore St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Frederick William Royce	4. DATE OF DEATH (Month) (Day) (Year): Aug 19 1950
5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: June 10, 1872 — 9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: West-Burner	11. BIRTHPLACE (State or foreign country): Winchester Frederick Va. — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Frederick A Royce	14. MOTHER'S MAIDEN NAME: Elizabeth Royce
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No — 16. SOCIAL SECURITY No.: 215-18-1584	17. INFORMANT AND ADDRESS: Wilbur A. Royce 55 E. Franklin St. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1/2 hr.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis generalized	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to Aug 19, 1950; that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip J Kehrman	MD	Hagerstown Md	8/21/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 22/50	Greenway Cemetery	Berkeley Spring, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 21, 1950	Chas. H. Bowers	Andrew K Coffman Hagerstown, Md/

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 23 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08567

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hag erstown | LENGTH OF STAY (In this place) 59 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 66 E. Irvin Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Luther	Warfield	Seal		Aug.	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Mtn.
Male	White	Married	Jan 12, 1892	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner	Grocery	Luray Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Seal	Laura E. Blose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes World War I	- - - -	Mrs. Rose E. Seal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — 10 days

940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 23, 1950, to Aug 3, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 5:35p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clyd A. Hoffman — ADDRESS 214 N. Potomac St. Hagerstown, Md. — DATE SIGNED Aug. 4, 1950

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 6, 1950	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 5, 1950	Blest H. Bowers	Scott F. Minnich & Son	Hag Md.

15661

RECEIVED
AUG 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

V8568

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Downsville Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Downsville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Downsville Md.
STREET ADDRESS (If rural, give location) Downsville Md.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Welty (Last) Shank
4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 9 1872
9. AGE last birthday: 77 yrs. If under 1 year: Months 11 Days 10 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Hanger (Himself)
10b. KIND OF BUSINESS OR INDUSTRY: Paper Hanger
11. BIRTHPLACE (State or foreign country): Downsville Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel Shank
14. MOTHER'S MAIDEN NAME: Mary Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Sallie Bowers Shank (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma } descending Colon. — 2 Mos.

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Clinical diagnosis. Patient refused

46a (c) any study)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30 1950 to ....., 19....., that I last saw the deceased alive on Aug 30, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Williamsport Md Sept. 1 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 2 1950 | NAME OF CEMETERY OR CREMATORY: Bakersville Cemetery | LOCATION (City, town, or county) (State): Bakersville Md.

DATE REC'D BY LOCAL REG.: Sept 1-50 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: Edith V. Leaf Williamsport Md.

342V9

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Williamsport, Md. | LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kemps Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Williamsport, Md.
STREET ADDRESS (If rural, give location) Kemps Mill Rd.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) E. (Last) Small

4. DATE OF DEATH (Month) Aug. (Day) 25 (Year) 50 19

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH Nov. 20-1867 | 9. AGE last birthday 82 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Wash. Co., Md. | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Shupp | 14. MOTHER'S MAIDEN NAME Ellen Whetstone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. None | 17. INFORMANT Mrs. Esther Everitt-Williamsport, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 4 Days

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21/50, 19..., to 8/25/50 19..., that I last saw the deceased alive on 8/25/50, 19..., and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE C. F. Young (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED 8/25/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 28-50 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Clear Spring, Md.

DATE REC'D BY LOCAL REG. Aug 26-50 | REGISTRAR'S SIGNATURE C Lee McElroy | 24. FUNERAL DIRECTOR ADDRESS Adrian H. Rowland - Clear Spring, Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1950
BUREAU T. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

Mr. of Maryland
Medical Laboratory

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08570

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place): 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): Old N. Point and Fisher Rds.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles Smith
4. DATE OF DEATH (Month) (Day) (Year): Aug 3 1950

5. SEX: m
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: April 25-1895
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hodgkins disease? ~

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchgenic carcinoma?

47C (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1950, to Aug 3, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 12 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Axel A. Paas, M.D. — ADDRESS: Ritchie State Hosp. Cascade, Md. — DATE SIGNED: Aug 3 1950

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Anatomy Board — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 8-3-50 — REGISTRAR'S SIGNATURE: R. W. Hedrick — 24. FUNERAL DIRECTOR: University of Md. — ADDRESS

866 VV

RECEIVED
AUG 31 1960
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Porterfield 8571

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 2 — LENGTH OF STAY (in this place) 2 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Layman Nursing Home	STREET ADDRESS (If rural, give location) Cor. Va. Ave & Brighton Place

3. NAME OF DECEASED (Type or Print)	(First) LEVI	(Middle) DANIEL	(Last) SPESSARD	4. DATE OF DEATH (Month) Aug (Day) 27 (Year) 1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH June 10 1856	9. AGE last birthday 94 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Greensburg Wash. Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME L. Daniel Spessard		14. MOTHER'S MAIDEN NAME Mary Hartle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --	16. SOCIAL SECURITY NO. None	17. INFORMANT L. Keller Spessard Hagerstown Md R # 2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.2	Immediate cause	(a) Myocarditis chr.	1 yr
	Antecedent cause(s)	Cardiac Failure	2 days.
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1950, to Aug 27, 1950, that I last saw the deceased alive on Aug 27, 1950, and that death occurred at 10:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. L. Porterfield M.D		136 W. Washington St	8/28/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/29/50	Smithsburg Cemetery	Smithsburg Wash. Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-28-50	Leroy M. Foel	Andrew K. Coffman	Hagerstown Md

500 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08572

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Md.
LENGTH OF STAY (in this place): 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Md.
STREET ADDRESS (If rural, give location): 519 Reynolds Ave.

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) W. (Last) Stang

4. DATE OF DEATH: (Month) Aug. (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 6 1894

9. AGE last birthday: 56 yrs. — If under 1 year: Months 2 / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Raleigh Product Co.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Stang

14. MOTHER'S MAIDEN NAME: Lena Hirt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Lydel Catherine Stang (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X — **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 days

83a — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2nd, 1950, to Aug 6th, 1950, that I last saw the deceased alive on Aug 5th, 1950, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE: Lydel Catherine Stang — (Degree or title): MD — ADDRESS: Hagerstown Md — DATE SIGNED: 8/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug. 8 1950 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Aug 8 1950 | REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Albert L. Leaf — ADDRESS: Williamsport Md.

2786

RECEIVED
AUG 10 1950
BUREAU V. S

Dr. Pope

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08573

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) W. Franklin St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sadie		Stouffer	August 11 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)
Female	White	Single.	Apr 25, 1869	81 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeper	Own Home	Mt. Lena Wash. Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Stouffer.	Sarah Myers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	None	L. H. Morrison Hagerstown Md. R. 1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Arteriosclerosis.	3 yrs.
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular renal disease	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1, 19.50, to Aug. 11, 19.50, that I last saw the deceased alive on Aug. 10, 19.50, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest F Pope Jr M.D.		Hagerstown Md.	8/12/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 13, 1950	Zahrneys Cemetery	Near Maugansville, Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 12, 1950	Chas. H. Boovers	Wm. J. Bast & Sons	Boonsboro Md.

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AUG 15 1950
BUREAU T. S.

109

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8574

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Clear Spring | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 32 S. Locust St.

3. NAME OF DECEASED (Type or Print): (First) Ora (Middle) Knepper (Last) Stover
4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	1-17-1878	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Clear Spring, Md.	

13. FATHER'S NAME: Charles D. Knepper
14. MOTHER'S MAIDEN NAME: Ann. E. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	- -	Mrs. Rose Bowers, Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Hypertensive cardiovascular disease. — 6 months

932 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb. 9, 1950, to 8-26-50, 19....., that I last saw the deceased alive on Aug. 26, 1950, and that death occurred at 3:00a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Maryland. DATE SIGNED Aug. 28, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-30-50	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 30, 1950	J. W. Murray	Scott F. Minnich & Son	

VS. A15

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SEP 6 1950
BUREAU V. E

08575

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore Dr Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 2
LENGTH OF STAY (in this place) 25 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Western Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Hopewell

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) MILTON (Last) SWORD

4. DATE OF DEATH (Month) Aug (Day) 12 (Year) 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 11 1884
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wilsons Wash Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.O.

13. FATHER'S NAME David Sword
14. MOTHER'S MAIDEN NAME Christina Bohrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Stella E. Sword

18. MEDICAL CERTIFICATION Hagerstown Md R # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH 2 mo.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1950, to Aug 12, 1950, that I last saw the deceased alive on Aug 11-50, 19, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE S. E. W. Ditto Jr. (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 8/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/14/50
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Wash. Co Md

DATE REC'D BY LOCAL REG. Aug. 14. 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

27681

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
AUG 16 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8576

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15 T

1. PLACE OF DEATH
COUNTY: WASHINGTON
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FUNKSTOWN
LENGTH OF STAY (in this place): 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 32 E. Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown
STREET ADDRESS (If rural, give location): 32 E. Baltimore St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Talbert

4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/27/1881

9. AGE last birthday: 69 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman - Metal Shop

10b. KIND OF BUSINESS OR INDUSTRY: Pipe Organ Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Alexander Talbert

14. MOTHER'S MAIDEN NAME: Mary Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-1097

17. INFORMANT AND ADDRESS: Mrs. Myrtle Talbert, Funkstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — 420.0 — Interval between onset and death: 2 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart D. — 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1950 to Aug 27, 1950 that I last saw the deceased alive on Aug 27, 1950, and that death occurred at / P. m., from the causes and on the date stated above.

SIGNATURE: Aubrey Rowenten (Degree or title) M.D. ADDRESS: Funkstown Md DATE SIGNED: 8/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 8/30/50

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Aug. 29 1950

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: W.T. Norment

ADDRESS: Hagerstown, Md.

15643

RECEIVED
AUG 31 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08577

306

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade — LENGTH OF STAY (in this place) 3½ Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galls
STREET ADDRESS (If rural, give location) Same as above.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nettie	—	Tessein	Aug.	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	Sept. 26, 1872	77 yrs.	—			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Clayton	Sara McGuire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
cent	cent.	Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Arteris-Sclerotic Heart Desease	?
738 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gen. arteris-Sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 19, 1950, to Aug. 4, 1950, that I last saw the deceased alive on Aug. 4, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lai	M.D.	Ritchie Hospital, Cascade, Md.	8/4/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 7-50	Clayton Farm Cem	Mr. Lolo	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 8-1950	Blanche L. Eyler	M. L. Creager	Fan Thurmont

Geo. W. Hagmoor

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08578

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) one day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1116 Kuhn Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Thomas.

4. DATE OF DEATH (Month) (Day) (Year) August. 12. 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 11 - 1950
9. AGE last birthday — yrs. If under 1 year Months — Days — If under 24 hrs. Hours 13 Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Hagerstown Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Norman Thomas
14. MOTHER'S MAIDEN NAME Ethel J. Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Norman L. Thomas, 1116 Kuhn Ave. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocarditis following long labor and a massive haemorrhage of mother.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH 13 hours.

761.0
160C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1950, to Aug 12, 1950, that I last saw the deceased alive on Aug 11, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Boonsboro DATE SIGNED 8/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 12. 1950
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg Wash. C. Md.

DATE REC'D BY LOCAL REG. Aug. 12 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Wm. F. Bart & Sons ADDRESS Boonsboro Md.

2-0-8-11-0-35-8-40-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08579

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 57 W. Charles Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 57 W. Charles Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARTHA McDANIEL THOMAS
4. DATE OF DEATH (Month) (Day) (Year): 8 / 15 1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9/12/1883
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Private Family
11. BIRTHPLACE (State or foreign country): Charlestown, W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Howard McDaniel
14. MOTHER'S MAIDEN NAME: Elizabeth Rebecca Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-09-8769
17. INFORMANT AND ADDRESS: Mrs. Etta Newman - 53 W. Charles St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-sclerotic heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

420.0
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — 1938

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1939, to Aug 15, 1950, that I last saw the deceased alive on Aug 14, 1950, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE: Sidney Novenstein — (Degree or title): M. D. — ADDRESS: Funkstown Md — DATE SIGNED: 8/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/19/1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Aug. 19. 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers — 24. FUNERAL DIRECTOR: William H Downey — ADDRESS: 291 Frederick St

52086

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leitersburg Md
LENGTH OF STAY (in this place): 63 -
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leitersburg Maryland
STREET ADDRESS (If rural give location): none Leitersburg Md

3. NAME OF DECEASED (Type or Print): (First) Charlie (Middle) E. (Last) Umbleberger

4. DATE OF DEATH: (Month) aug (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 1st 1887

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on Farm all kind

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Near Sharpsburg Md

12. CITIZEN OF WHAT COUNTRY?: Md.

13. FATHER'S NAME: Franklin Umbleberger

14. MOTHER'S MAIDEN NAME: Amnelia E. Doulin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no.

16. SOCIAL SECURITY NO.: none.

17. INFORMANT: Mrs Elgat. B. Umbleberger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.0 Immediate cause	(a) Myocardial failure	
97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic pulmonary abscess	3 years
	(c) Generalized arterio sclerosis, toxemia	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1950, to Aug 7, 1950, that I last saw the deceased alive on Aug 4, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE: Walter L Wolfinger (Degree or title): M D ADDRESS: 122 S. Broad St Waynesboro Pa DATE SIGNED: 8-8-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 10-50 — NAME OF CEMETERY OR CREMATORY: Leitersburg Cemetery — LOCATION (City, town, or county) (State): Leitersburg. Md

DATE REC'D BY LOCAL REG.: Aug 8-50 — REGISTRAR'S SIGNATURE: Olen W Ferguson

24. FUNERAL DIRECTOR: George B. Hoover — ADDRESS: Smithsburg Md

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AUG 10 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08581

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Fulton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knobsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maud (Middle) Agnes (Last) Woodall

4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) wodowed
8. DATE OF BIRTH May 14, 1887
9. AGE last birthday 673 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Mercersburg, Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Bailey
14. MOTHER'S MAIDEN NAME Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. - -
17. INFORMANT AND ADDRESS Mrs. Willard Shore, McConnellsburg, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
260X	Immediate cause	(a) Gangrene of foot	2 mo
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes, Arteriosclerosis	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Ag, 1950, to 22 Ag, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 8:14a m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 8/22/50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 8-25-50
NAME OF CEMETERY OR CREMATORY Union Cove
LOCATION (City, town, or county) (State) McConnellsburg, Penna.

DATE REC'D BY LOCAL REG. Aug 22 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

Dr Hoechlander

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

18582

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 928 Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 928 Penna. Ave.

3. NAME OF DECEASED (Type or Print) (First) Eliza (Middle) Jane (Last) Yeates

4. DATE OF DEATH (Month) Aug (Day) 27 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 10/29/1870

9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Clopper

14. MOTHER'S MAIDEN NAME Catherine Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs. Gail M. Hays, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Lvg	?
Antecedent cause(s)	—	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c)	

156.1

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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30th, 1950, to Aug 27, 1950, that I last saw the deceased alive on Aug 22nd, 1950, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE Philip J. Kirkman (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 8/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 8/30/50

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Aug 29. 1950

REGISTRAR'S SIGNATURE Chas. H. Hoovers

24. FUNERAL DIRECTOR W.T. Norment ADDRESS Hagerstown, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0583

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Cainty Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	EDWARD	YOUNKINS	8	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	1-11-1874	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm owner	Middletown, Md.	U.S.

13. FATHER'S NAME John Younkins — 14. MOTHER'S MAIDEN NAME Elizabeth Reeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		none	Mrs. Mary Younkins, Middletown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	9 days
4413 Antecedent cause(s)		
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Aug 9, 1950, that I last saw the deceased alive on Aug 9, 1950, and that death occurred at 10 10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W M Tromberg	M.D.	Wash. Cty. Hosp. Hagerstown Md	8/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-12-1950	U.B. Cemetery, Myers	Myersville,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Aug 11, 1950	Chas H Bowers	Gladhill Co,	Middletown, Md.

VS. A15-1

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AUG 14 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08584

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown RD#2; MARYLAND; LENGTH OF STAY (in this place) Three days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Gate City Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Franklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lemasters Pa.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs Emma (Middle) Maud (Last) Zimmerman

4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 2 - 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lemasters Pa

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Daniel T Benedict

14. MOTHER'S MAIDEN NAME: Mary Conrod

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. X

17. INFORMANT: Lawrence Zimmerman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416x Immediate cause (a) Anuerysm Pulmonary — Interval Between Onset and Death: 6 mo's

95b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiac hypertrophy — Interval: unknown

(c) Rheumatic Heart disease — Interval: unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1950, to Aug 29, 1950, that I last saw the deceased alive on Aug 28, 1950, and that death occurred at 2:30 P.M. P.S.T., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. D. Layman, M.D. Hagerstown Md. Aug 29, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-31-50 — NAME OF CEMETERY OR CREMATORY: Spring Grove — LOCATION (City, town, or county) (State): Lemasters Franklin Pa

DATE REC'D BY LOCAL REG. 8-30-50 — REGISTRAR'S SIGNATURE: Eugene M Fockler Dep R.

24. FUNERAL DIRECTOR — ADDRESS: D. J. Finnigan & Son Waynesboro Pa.

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OCT 10 1950
BUREAU V. S